Greater Manchester
Neurorehabilitation & Integrated
Stroke Delivery Network

Greater Manchester stroke and neurorehabilitation services training needs scoping report

1. Executive Summary

- Scoping was conducted across all Greater Manchester (GM) stroke and neurorehabilitation services in late 2025 to guide workforce development priorities for 2026/27
- Highlighted shared priority training areas: Sensory rehabilitation, Vestibular rehabilitation, Functional electrical stimulation (FES) and pain management
- Additional training topics were suggested
- Respondents emphasised the need for consistent, applied training across the system rather than advanced specialist-level education
- Substantial existing expertise within the system was revealed
- Baseline data on training impact was found to be limited and inconsistent, signalling a need for improved evaluation frameworks

2. Purpose and Strategic Alignment

This scoping exercise supports delivery of the network's Workforce Development Strategy 2024–26, particularly its focus on building consistent capability across the pathway, supporting multidisciplinary working, and using system resources effectively.

3. Scope and Methodology

The training needs scoping survey was distributed to multidisciplinary inpatient and community stroke and neurorehabilitation services across GM. A total of 24 responses were received from a mix of team types.

A short electronic survey was used to:

- Rate predefined training topics as High, Medium or Low priority
- Identify the availability of specialist knowledge within teams
- Identify whether baseline data relating to training need or impact was available
- Capture additional training topics through free-text responses

The survey was designed as a scoping exercise to inform prioritisation rather than a detailed competency or skills assessment. The link to the MS forms survey used for scoping is provided in Appendix 1 for reference.

4. Identified Training Priorities

	Topic	High Priority	Medium Priority
1	Sensory rehabilitation	10	5
2	Vestibular rehabilitation	5	10

3	Functional Electrical Stimulation (upper & lower limb)	6	12
4	Pain management	6	11
5	Advanced spasticity	8	9
6	Motivational interviewing & self-management	7	8
7	Secondary prevention & lifestyle modification	5	6
8	Role of the neurorehabilitation nurse	6	4
9	Stroke & aneurysm standards	3	4
10	Continence	4	2

A small number of topics (1-4) were consistently rated as high or medium priority, indicating shared capability gaps across services. The ordering of topics reflects the distribution of responses rather than an absolute ranking.

Topics at the top of the table reflect areas of broad relevance across inpatient and community services, suggesting a need for consistent, core training. Topics appearing lower in the table show greater variation in ratings, indicating more specific or role-dependent training needs, better suited to specialist topics or professional groups rather than GM-wide delivery.

4.1. Additional Topic Areas

Free-text responses highlighted interest in additional themes summarised below, with the full list provided in Appendix 2.

Theme	Summary of suggested areas
Early & intensive rehabilitation	Acute ward rehabilitation optimisation; increasing rehabilitation intensity; improved inpatient networking
Movement-based rehabilitation	CIMT; PD Warrior / Neuro-Fit; balance-focused rehabilitation
Psychosocial & behavioural support	Behavioural management strategies; anxiety and fear of re-stroke
Cognitive rehabilitation	Cognitive rehabilitation approaches; cognitive screening refreshers
Complex pathways	Fatigue pathways; Functional Neurological Disorder (FND); ataxia
Workforce development	Therapy assistant training; role-specific competencies
Innovation	Artificial intelligence in rehabilitation

4.2. Further Detail on Topic Areas

Free-text comments were reviewed to understand the type and level of training respondents were seeking. While some topics were labelled as "advanced," comments frequently described the need for consistent application of evidence, routine use of interventions, and development of core competency across professions, rather than highly specialist or niche provision.

Across multiple themes, requests clustered around three broad categories:

- Competency development and practical application
- Service implementation or re-introduction of existing evidence-based approaches
- Clearer pathways for escalation to specialist expertise

Specific areas within topics were suggested that will help guide the learning outcomes for training opportunities developed by the network – see Appendix 3.

5. Level of Training Required

Respondents were asked to indicate the level of training required in relation to the priority areas they identified:

- 64% advanced clinical skills
- 23% core or intermediate level training
- 5% specialist-level training
- 8% not sure

For many respondents the training need is perceived as extending beyond introductory knowledge and relates to developing confidence and competence in applying skills within complex clinical contexts. The relatively low proportion identifying specialist-level training indicates that, while some highly specialist input is required, the predominant need is for enhanced clinical capability rather than niche or sub-specialist practice.

Taken alongside the priority ratings, this supports a training approach that focuses on practical, applied development of clinical skills, delivered at a level that is accessible to a broad multidisciplinary audience, with clear routes for escalation to specialist expertise where required.

6. Regional Expertise

Nearly half of respondents reported specialist expertise within their team, with a further 33% unsure. This indicates significant existing capability within the system and an opportunity to better connect and utilise regional talent and expertise.

7. Baseline Data Availability

Respondents were asked whether they had access to baseline, audit or patient data to support the identified training needs. 55% reported that no baseline data was available, while 41% were unsure. A very small proportion reported that baseline data was available.

This indicates that, for most services, baseline data is either not routinely collected or not easily accessible. While this does not undermine the identification of training priorities, it does limit the ability to consistently demonstrate the impact of training activity at a system level.

As a result, embedding simple and proportionate baseline data collection within future training delivery would strengthen evaluation, support learning from improvement, and enable clearer assessment of how training is influencing practice over time.

8. Action plan and Next Steps

The following training activity is already planned or underway:

Date	Topic
Wednesday 27th February	Pain management webinar
Thursday 5th March	Cardio-respiratory rehabilitation
Thursday 26th March	UKABIF- Invisible scars: Understanding ABI in the context of domestic abuse
April	Visual impairment pathway development: learning from the Southern Sector SQuIRe pilot

Next steps:

No.	Action	Purpose	Lead / Support	Timescale
1	Agree priority training topics and develop 2026 programme of events	Confirm focus for GM-wide training delivery during the year	GMNISDN	February 2026
2	Use regional expertise to support delivery	Maximise internal capability and sustainability	GMNISDN/Local experts	From April 2026
3	Embed enhanced data collection into training sessions	Enable evaluation of training impact	GMNISDN	March 2026
4	Evaluate training programme and impacts	Assess embedding of learning into practice	GMNISDN	Ongoing
5	Establish communities of practice where appropriate	Support peer learning and sustained improvement	GMNISDN / Teams	As required
6	Repeat training needs scoping annually	Maintain oversight of emerging needs	GMNISDN	Annually
7	Produce annual training summary report	Provide assurance on delivery and impact	GMNISDN	January 2027

9. Appendices

Appendix 1: MS form for survey
GMINSDN Training Needs Scoping Survey – Fill in form

Appendix 2: Full list of additional training topics suggested

Category	Training topic
Employment, participation & recovery	FIT note issuing
	Vocational rehabilitation
Fatigue & long-term conditions	Fatigue pathways
Neurological conditions & pathways	Functional Neurological Disorder (FND) pathways
	Ataxia
	Rare stroke causes (cryptogenic, haematological, congenital)
Condition- or impairment-specific rehabilitation	Condition-specific masterclasses (neuromuscular, facial rehabilitation, balance rehabilitation)
	Cardio-respiratory rehabilitation
	Dysphagia
Early & acute rehabilitation	Rehabilitation intensity & networking across inpatient services
	Acute ward rehabilitation optimisation
	Hyper-acute stroke management (first 72 hours)
Workforce development & skill mix	Therapy assistant (TA) training
Psychosocial & behavioural approaches	Behavioural management strategies
	Anxiety and fear of re-stroke
Cognitive assessment & rehabilitation	Cognitive rehabilitation approaches
	Cognitive screening refreshers
	Capacity assessments (executive function, self-neglect)
Assistive technology & equipment	Specialist seating
	Sleep systems

Advanced or specialist interventions	Constraint-Induced Movement Therapy (CIMT)
	PD Warrior / Neuro-Fit
	Vagal nerve stimulation
	Prolonged disorders of consciousness (PDOC)
Care planning & end-of-life care	Advance care planning
	Palliative & end-of-life stroke care
Voluntary sector & system navigation	GM charities & support services
Innovation & future practice	Artificial intelligence in rehabilitation

Appendix 3. Areas of focus in suggested topic areas

Topic	Focus areas	Type of training needed
Spasticity	New treatments & evidence review; ward-level spasticity intervention; competency development across OT & Physio; FES interface	Advanced clinical knowledge; competency-based training; applied ward-level skills
Functional Electrical Stimulation (FES)	Routine use of FES; guideline-aligned practice; service re-introduction; cross-professional competencies	Service-level implementation; competency-based training; evidence-informed routine use
Pain management	Mechanisms & pathways; red flag symptoms; medical & non-medical approaches; neuropathic pain; psychology of pain	Advanced clinical knowledge; applied communication skills
Sensory rehabilitation	Sensory toolkits; hypersensitivity management; balance, when medication is required	Core to intermediate applied practice; practical therapist tools
Motivational interviewing & behavioural approaches	MI skills; complex conversations; engagement & goal setting; psychological components	Intermediate behavioural skills; managing difficult conversations
General clinical development	Broad coverage; general overview; refreshers	Core / overview training
Workforce skill-mix & training tiers	Variation in experience; needs of senior vs static staff groups	Tiered approach aligned to experience level
Neurorehabilitation nursing	Role clarity; early acute ward care; secondary prevention education	Role-specific training
Integrated clinical practice / standards	Use of outcome measures; SOPs & pathways; treatment modalities; supporting resources	No explicit training request; improvement in practice infrastructure